

Initiatives within the Health and Human Services Secretariat Addressing the Needs of Children with Mental Health Treatment Needs

Presentation to the JCHC Subcommittee On Behavioral Health Care

Raymond R. Ratke

Deputy Commissioner

**Department of Mental Health, Mental Retardation and Substance Abuse
Services**

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Presentation Topics

- Child and Adolescent Special Populations Workgroup and 329G/330F Report Recommendations
- Custody Relinquishment Work Group Findings and Recommendations
- Mental Health and Juvenile Justice Initiative
- New Mental Health Children's Initiatives
- Progress on Secretary Plan for CSA

Child and Adolescent Special Populations Workgroup and Integrated Policy and Plan Activities

- Several processes are underway to examine and address the MH, MR, and SA service needs of children and adolescents.
 - Budget language (formerly item 329G, now item 330F) called on the Department to work with its sister agencies and key constituents to develop an integrated policy and plan, with necessary budget and legislative amendments, to improve access to MH, MR, and SA services.
 - The Child and Adolescent Special Populations Workgroup, established in 2003, developed short and long-term recommendations to restructure and strengthen the current system for children and adolescents.
- Both activities have involved inclusive processes and each has submitted a report with recommendations. They are being merged into a single ongoing effort with consolidated recommendations.

Child and Adolescent Special Populations Workgroup and Integrated Policy and Plan Report Recommendations

- Recommendations of the Child and Adolescent Special Populations Workgroup and the Integrated Policy and Plan Report are similar in a number of areas. Both reports:
 - Seek funds to establish an integrated continuum of services or a system of care.
 - Identify resource needs to increase service capacity and expand training opportunities.
 - Support networks that link parents of children and adolescents with MH, MR, and SA services needs.
 - Recommend strategies to expand opportunities for inclusion and involvement of key stakeholders.
 - Support the leadership provided by the Department's Office of Child and Family Services.

Key Recommendations

- Implement the system of care model developed by the Georgetown University's Technical Assistance Center for Children's Mental Health and adopted by SAMHSA.
 - Four system of care demonstration projects in urban and rural areas are proposed to develop the elements for a restructured system of care for children and adolescents aligned with the values and principles of a system of care service delivery model.
- Fund Parent/Youth Involvement Network.
- Provide cross-agency training to other local human services agencies in order to promote the health and well-being of infants, children, and adolescents.

Key Recommendations - continued

- Establish a DMHMRSAS State Advisory Committee comprised of family members, children's services providers, and state agency representatives.
- Fund behavioral health services provided by CSBs in detention centers during and after detention stay.

SEC Custody Relinquishment Workgroup

- The 2004 General Assembly directed the State Executive Council for the Comprehensive Services Act to investigate the reasons leading to the practice of parents relinquishing custody of their children solely to obtain necessary and appropriate MH services.
- A workgroup comprised of 32 members has been established and has met 9 times to examine this issue and make recommendations to the Joint Subcommittee. Members included:
 - Parents
 - HHR
 - J&DR judge
 - CSBs
 - Local CSA
 - CSA Office
 - DSS
 - DJJ
 - Commission on Youth
 - Advocacy organizations
 - Supreme Court of Virginia
 - Local government
 - League of Social Services Executives
 - Local DSS
 - DMHMRSAS
 - DOE
 - An attorney

SEC Custody Relinquishment Workgroup

- The Workgroup focused on three primary areas of inquiry:
 - The extent to which custody relinquishment for the purpose of obtaining behavioral health treatment occurs and the related impacts on children, families and communities.
 - The causes, factors, policies, procedures and practices related to custody relinquishment.
 - The existing or available best practices or model programs that offer access to services without requiring custody relinquishment (except where necessary and appropriate).
- Workgroup efforts have resulted in 10 primary “findings” and 18 comprehensive recommendations.
- The Workgroup concluded that this problem is a direct result of inadequate access to and availability of prevention, early intervention, and intensive MH and SA treatment services for children and adolescents.

SEC Custody Relinquishment Workgroup Findings

1. For a significant number of families, the only way to access resources for behavioral health treatment services for their children is to relinquish custody.
2. Relinquishing custody under these circumstances has myriad negative consequences, sometimes severe and devastating, for families and their children, and communities.
3. Relinquishing custody solely for this purpose uses Virginia's child serving systems in unintended, inappropriate, and inefficient ways.
4. Virginia laws, policies, and practices that govern custody relinquishment are primarily designed for purposes other than addressing children's treatment needs and, as such, can be experienced as adversarial by parents.

SEC Custody Relinquishment Workgroup Findings

5. Limited availability, lack of funding, or inadequate insurance coverage for behavioral health treatment service are primary reasons families relinquish custody in order to obtain these services.
6. Virginia's child serving system, comprised of multiple state and local agencies, is fragmented both programmatically and in its funding streams. This complex fragmentation poses significant challenges for families and the professionals who serve them.
7. Extreme variability exists across localities in the Commonwealth and within localities themselves regarding the consistent application of policies and practices, service availability and resources.

SEC Custody Relinquishment Workgroup Findings

8. Virginia lacks a strong, organized family advocacy network. Such networks have proven in other states to be effective resources in helping families of children with serious emotional disturbances navigate the complex public and private systems of children's services. These networks have also successfully advocated for system improvement.
9. In the short-term, changes in code, regulation, policy, and practice to Virginia's *current* system of care for children will improve access to behavioral health services and reduce some the negative effects of custody relinquishment for *some* families.
10. In the long term, *Transforming* and adequately funding Virginia's system of care for children and families, building on the CSA and based on nationally recognized and evidence-based solutions, will significantly improve access to behavioral health services and eliminate the need for relinquishment of custody.

SEC Custody Relinquishment Workgroup Recommendations

- The State Executive Council (SEC) shall be responsible for implementing and monitoring these recommendations.
- The SEC should analyze and ensure that correct infrastructure and commitment is in place at the state level to ensure, support, and provide continued enhancement of CSA as measured against Systems of Care guidelines and principles.
- This study should continue for one additional year with a final report from the SEC to the Joint Commission on Health Care by November 1, 2005. During the year, the Workgroup will develop an implementation plan with specific target dates for the completion of these recommendations.
- Finally, these recommendations should be incorporated, where appropriate, into the SEC strategic planning process to further enhance the coordination and monitoring of their implementation.

SEC Custody Relinquishment Workgroup Recommendations for System Reform

1. Develop the mechanism to coordinate with other affected Secretariats all state level children's services in the Commonwealth. This coordination should include, but not be limited to, the current efforts underway related to the state's Program Improvement Plan (PIP) developed in response to the federal Child and Family Services Review (CFSR) to improve access to mental health services for youth, and the expansion and enhancement of access to child and adolescent mental health services.
2. Examine the State Corporation Commission (SCC), Bureau of Insurance's role in exploring mental health parity for at-risk youth and the inclusion of a full service continuum in private sector insurance. Specifically, explore the use of private insurance funds for home-based, day treatment, and crisis stabilization in order to prevent more expensive hospitalization. Further, consider "hold-harmless" in which funding for hospitalization could be redirected without exceeding existing financial risk.

Recommendations for System Reform - continued

3. The Department of Social Services shall collaborate with other child serving agencies to develop, by July 1, 2005, a method for tracking the incidence of custody relinquishment for the sole purpose of obtaining behavioral health treatment services.
4. Review and analyze alternative models of child serving systems that reduce or eliminate categorical funding, decrease fragmentation, and support cost containment strategies.
5. Support development of an appropriate, accessible, and outcomes based continuum of behavioral health and substance abuse treatment services Virginia youth that at a minimum includes:
 - assessment and diagnosis
 - medical management
 - crisis residential services
 - respite services
 - residential treatment centers
 - home-based services
 - wraparound services
 - inpatient hospital services
 - case management services
 - outpatient psychotherapy
 - school-based services
 - day treatment/partial hospitalization
 - early intervention and prevention
 - therapeutic foster care, therapeutic group home
 - behavioral aide services
 - mental health consultation
 - crisis services
 - family support/education

SEC Custody Relinquishment Workgroup Recommendations for Funding Expansion and Efficient Use of Resources

6. Explore differential matches for CSA funding, specifically related to incentives for localities to use CSA non-mandated funds and request necessary policy and code changes that would reduce the local match requirement for localities using their non-mandated CSA allocation.
7. Analyze the financial implications of increasing the CSA targeted non-mandated levels of funding.
8. Review, analyze and develop specific recommendations for development and funding of community based services infrastructure and program start-up.
9. Expand funding for behavioral health services for youth.

Recommendations for Funding Expansion and Efficient Use of Resources - continued

10. Explore funding options allowable under the Medicaid and State Children's Health Insurance Programs (SCHIP) including those implemented in other states.
11. Direct each child serving agency to initiative an immediate review of all policies, procedures and practices and to bring forward specific recommendations for changes that would enhance parental collaboration and involvement, enhance and expand access to appropriate mental health treatment, and reduce the variability in the implementation of services.
12. The Department of Social Services shall, in collaboration with other state and local partners, revise, disseminate and train localities on clearly defined policies and procedures regarding the use of voluntary placement agreements that will encourage the appropriate use of these options. Areas to be addressed include but are not limited to: collection of child support; access to treatment foster care; and non-custodial foster care case management practices.

SEC Custody Relinquishment Workgroup Recommendations for Changes in Policy/Code

13. The Department of Social Services shall put forth revisions to the Code of Virginia, Departmental policy, and if necessary, will promulgate emergency regulations to ensure consistency between public and private child welfare agencies in all areas that effect parental access to the full range of placement services as allowed by the Code of Virginia.
14. Encourage prevention, early intervention and the use of least restrictive, community-based services with differential CSA match rates for localities for these services. Specifically, the SEC shall review and analyze a differential match rate on mandated foster care prevention funding used to purchase community-based, non-residential services.

Recommendations for Changes in Policy/Code - continued

15. Advocate for changes in federal laws, regulations, and funding to reduce or eliminate the need for families to relinquish custody for the sole purpose of accessing behavioral health treatment services. Specifically, the SEC should advocate for passage of the Family Opportunity Act (S. 622, H.R. 1811) and the Keeping Families Together Act (S. 1704 and H.R. 3243).

SEC Custody Relinquishment Workgroup Recommendations for Service Improvements and Program Development

16. Continue process to review and identify Virginia and national best practices that demonstrate results in improving access to behavioral health treatment and the reduction of custody relinquishment.

Recommendations for Service Improvements and Program Development - continued

17. Direct all agencies represented on the State Executive Council to develop and implement technical assistance and training for localities focusing on the dissemination of best practices in the areas of access to mental health, parent collaboration, early intervention and development of a system of care model. This can best be achieved by working with the well-established, nationally recognized associations and organizations readily available to state and local jurisdictions.

These resources include:

- National Resource Centers supported by the Children's Bureau of the federal Health and Human Services (available at no cost to Virginia)
- Brazelon Center for Mental Health Law
- Child Welfare League of America
- National Technical Assistance Center for Children's Mental Health, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center
- SAMSHA Center for Mental Health Services – Systems of Care information
- Federation of Families for Children's Mental Health

Recommendations for Service Improvements and Program Development - continued

18. Direct the Department of Mental Health, Mental Retardation and Substance Abuse Services to lead a collaborative effort with other child serving departments, parents, and advocacy organizations to develop and implement a statewide parent/family resource and advocacy program that is coordinated with existing programs and affiliated with the Federation of Families for Children's Mental Health.

Mental Health and Juvenile Justice Initiative

- The Department received an 18 month grant totaling \$500,000 from the Department of Criminal Justice Services to provide mental health services in five Detention Centers.
- For each center, a clinician and case manager were hired by five community services boards to provide these services.
- The clinician provides services to youth during their detention and a case manager to provide services to them after their detention stay.
- Services include psychiatric assessments, medication management, crisis intervention, case management, individual and group outpatient MH and SA psychotherapy.

Services to Juveniles in Detention

- Five localities are grantees for the funding:
 - Highlands Juvenile Detention Center - Planning District One through Frontier Health
 - Shenandoah Detention Center – Valley Community Services Board
 - Piedmont Detention Center – Crossroads Community Services Board
 - Richmond Detention Center/Richmond Department of Juvenile Justice- Richmond Behavioral Health Authority
 - Tidewater Detention Center – Chesapeake Community Services Board
- The first year resulted in approximately 700 youth screened and provided services.

New Mental Health Children's Initiatives

- MH Services for Non-Mandated CSA Children and Adolescents
 - \$2 Million
 - The Department has allocated and is dispersing \$50,000 to each CSB.
 - Services must be based on the individual needs of the child or adolescent and included in an individualized services plan using system of care family involvement.
 - CSBs must ensure local coordination with local Family and Assessment Planning Teams and Community Policy Management Teams.

New Mental Health Children's Initiatives - continued

- Guidance for these funds:
 - These funds should be used to serve children and adolescents with SED and related disorders who are not mandated under CSA. Children and adolescents must be under age 18 at the time services are initiated.
 - Referral and access protocols need to assure effective linkages with key stakeholder agencies in the community.
 - Services should be provided in the least restrictive and most appropriate setting.

New Mental Health Children's Initiatives - continued

- Part C Early Intervention Services - \$750,000
 - Needs for early intervention have become increasingly well documented during the last budget year. The Department's Comprehensive State Plan, Executive Directors, MR Directors, providers and families has provided reliable data about needs, costs, and revenue.
 - Growth in the number of children in need of services is calculated at 8%, which is consistent over a five-year period.
 - These funds will help address the current Part C Early Intervention budget deficit of \$2.25 million to maintain current service levels and help localities address existing program funding deficits.
 - Allocations will be based on the localities' annualized child counts.

New Mental Health Children's Initiatives - continued

- The Department established a new Office of Child and Family Services in April 2004.
- Shirley Ricks has been appointed Director of this Office.
- The vision for the Office of Child and Family Services supports an integrated seamless services delivery system across disabilities that ensures access to services and supports for children and their families.

HHR Secretary's Plan for CSA

- In 2002, the General Assembly directed the Secretary of Health and Human Resources to develop a plan for containing costs and further improving services for children served by CSA.
- In developing this plan, the Secretary appointed a steering committee consisting of legislators, public and private stakeholders, and state and local partners.
- Key recommendations and the actions taken on those recommendations to date follow.

Recommendation # 1: CSA Base Allocations

Study Area	Nature of the Problem	Solution and Status
CSA Base Allocations	Annually, every locality receives a base allocation. Since these initial allocations were not always sufficient to fund services to their mandated population, many localities requested supplemental (additional) funding from a supplemental funding appropriation pool.	<ul style="list-style-type: none">• Propose budget language freezing overall supplemental funding at the FY03 level and to place any additional appropriated dollars into the base allocations.• In 2004, the Assembly agreed to budget language holding FY 04 supplemental funding (Item 299 C.2.a) at the FY 03 level, designating that additional funding would go into local base allocations.• During FY05, will examine the allocation formula, match rates, efficiency incentives, and performance measures.

Recommendation # 2: CSA State Level Structure

Study Area	Nature of the Problem	Solution and Status
CSA State Level Structure	Structure has not yielded the stewardship necessary to ensure proper program management	<ul style="list-style-type: none">• Secretary of HHR should become chairperson of the State Executive Council (SEC).• As the result of passage of legislation during the 2003 session, Secretary became chair on 7/1/03• SEC began developing a Council strategic plan in spring 2004• During summer 2004, Secretary initiated enhancement of OCS organizational structure.

Recommendation # 3: Use of Federal Funding

Study Area	Nature of the Problem	Solution and Status
Use of Federal Funding	Federal funds available through the Medicaid and Title IV-E have not been fully utilized	<ul style="list-style-type: none">• Effective July 2004, DMAS reimbursement for Community Based Residential Treatment services became available.• In FY04, VDSS developed a matrix of eligible Title IV-E reimbursable expenditures for use by localities. A link to this information was established for every service provider's rates contained on the now web based CSA Service Fee Directory.• In FY05, VDSS will be dispatching VDSS staff to work on-site with providers and local governments on how to bill for Title IV-E eligible services.

Recommendation # 3: Use of Federal Funding - Continued

Study Area	Nature of the Problem	Solution and Status
Use of Federal Funding	Federal funds available through the Medicaid and Title IV-E have not been fully utilized	<ul style="list-style-type: none">• In the of FY04, DMAS sent info to current Medicaid, FAMIS Plus and FAMIS enrollees under the age of 21 containing information about accessing EPSDT.• Through the collaborative efforts of the OCS and CSA partner agencies, numerous trainings focusing on Medicaid/FAMIS, Title IV-E and CSA related topics have been offered / being scheduled.

Recommendation # 4: Local Management

Study Area	Nature of the Problem	Solution and Status
Local Management of the CSA Program	Questions persists around the ability of localities to manage CSA, especially for high-cost cases	<ul style="list-style-type: none">• An updated utilization of services management process model was distributed to all localities.• Localities were provided opportunity to receive additional instruction on utilizing a client need assessment instrument and a revised <i>levels of need</i> tool to aid in the determination of service placements.• The author of the assessment instrument provided additional local training on the instrument.• In FY04, six locality site reviews were done examining operations.• In FY 04, regional training sessions focusing on local CSA management issues were provided.

Recommendation # 5: Standardized Statewide Contract

Study Area	Nature of the Problem	Solution and Status
Development of a Standardized Statewide Contract for Purchased Services	The Code of Virginia requires that “rates paid for services purchased to this chapter shall be determined by competition of the market place and by a process flexible to ensure that FAPT and providers can meet the needs of individual children and families referred to them”.	<ul style="list-style-type: none">• After extensive collaboration with local governments and private provider representatives, a suggested standard contract was developed and made available.• The now web based service fee directory was even further enhanced to include connectivity enabling user to access vendor licensing information as well as more discrete service and rate information

Recommendation # 6: CSA Data System

Study Area	Nature of the Problem	Solution and Status
CSA Data System	There is no statewide patient level database available on the children who receive CSA services.	<ul style="list-style-type: none">• A state and local member task force developed a new statewide data base to capture CSA related child specific information.• This new data base was implemented July 2003 and one year of data now exists.• Statewide and locality specific client/service profile information is now is available via the CSA website.• In an effort to address on-going Data Set operational issues, a local users Group was organized by the OCS in September '04.